






## APPENDIX A

 <b>Department of Veterans Affairs</b>		<b>GOVERNMENTWIDE FLEET CARD CERTIFICATION FORM</b>	
<p><b>NOTE:</b> Before the Governmentwide Fleet Card can be issued to the Facility Fleet Manager, the following statements must be attested to by the fleet manager, approving official, alternate approving official, fleet card coordinator and the delegating authority. Signature on this form certifies that the fleet card will be issued appropriately and the fleet manager and approving official understand the adverse actions which may be taken as a result of inappropriate or unauthorized use of the card. Please read and sign the statement below.</p>			
<b>VA FACILITY FLEET MANAGER</b>			
<p><b>CERTIFICATION:</b> I certify that I have read and that I understand the policies and regulations that govern the use of the Governmentwide Fleet Card. I further certify that I will adhere to the policies and regulations governing procurement, and that failure to do so will cause the revocation of the fleet card and delegation of procurement authority.</p>		TYPE NAME OF FACILITY FLEET MANAGER	
		SIGNATURE OF FACILITY FLEET MANAGER      DATE SIGNED	
<b>VA APPROVING OFFICIAL STATEMENT</b>			
<p><b>CERTIFICATION:</b> I certify that I have read and that I understand the policies and regulations that govern the use of the Governmentwide Fleet Card and my associated responsibilities as the facility fleet manager's Approving Official. I further certify that I will adhere to the policies and regulations governing procurement, and that failure to do so will cause the revocation of approving official authority.</p>		TYPE NAME OF APPROVING OFFICIAL	
		SIGNATURE OF APPROVING OFFICIAL      DATE SIGNED	
<b>VA ALTERNATE APPROVING OFFICIAL STATEMENT</b>			
<p><b>CERTIFICATION:</b> I certify that I have read and that I understand the policies and regulations that govern the use of the Governmentwide Fleet Card and my associated responsibilities as the above facility fleet manager's Alternate Approving Official. I further certify that I will adhere to the policies and regulations governing procurement, and that failure to do so will cause the revocation of approving official authority.</p>		TYPE NAME OF ALTERNATE APPROVING OFFICIAL	
		SIGNATURE OF ALTERNATE APPROVING OFFICIAL      DATE SIGNED	
<b>VA FLEET CARD COORDINATOR STATEMENT</b>			
<p><b>CERTIFICATION:</b> The fleet manager is hereby notified that fleet card refresher training is required every two years, and failure to complete this training will result in the revocation of the fleet card and delegation of procurement authority. I certify that the above named fleet manager, approving official and alternate (if applicable), have successfully completed the Department of Veterans Affairs training on the use of the Governmentwide Fleet Card and meets the criteria required by Agency policies.</p>		TYPE NAME OF FLEET CARD COORDINATOR	
		SIGNATURE OF FLEET CARD COORDINATOR      DATE SIGNED	
<b>DELEGATION OF AUTHORITY</b>			
<p><b>DELEGATION OF AUTHORITY:</b> Upon completion of the Department of Veterans Affairs (VA) fleet card training course, and signature of the Fleet Manager, Approving Official(s), and Fleet Card Coordinator, the fleet manager named above is hereby delegated authority to procure fuel, maintenance and repair for a VA-owned or commercially leased vehicle to be paid by the Governmentwide Fleet Card. The fuel, maintenance and repair procured shall not exceed the micro-purchase threshold of \$3,000 for a single procurement and shall also adhere to the organizational responsibilities and satisfy legitimate VA requirements. All procurements shall be made in accordance with the applicable laws and regulations included but not limited to, the Federal Acquisition Regulation and the VA Acquisition Regulation. This delegation shall automatically terminate upon separation from the agency, reassignment to another office or position within the agency, or revocation of the fleet card by the Approving Official, Program Coordinator, Fiscal Officer, or Delegating Authority.</p>			
SIGNATURE OF DELEGATING AUTHORITY			DATE SIGNED
SINGLE PROCUREMENT LIMIT			
* \$			
NOTES			

 <h1>Which Card Do I Use?</h1>		
<b>Purchase</b> 	<b>Travel</b> 	<b>Fleet</b> 
<ul style="list-style-type: none"> <li>• Supplies, Training, and Office Equipment</li> <li>• Rental car expenses for local travel (when not in travel status)</li> <li>• EZ passes and toll passes for VA-owned or commercially leased vehicles</li> <li>• Fuel for on-site tank, used for off-road vehicles and equipment</li> </ul>	<p><u>Individually Billed Account (IBA)</u></p> <ul style="list-style-type: none"> <li>• Employee meals &amp; incidentals while in travel status</li> </ul> <p><u>Centrally Billed Account (CBA)</u></p> <ul style="list-style-type: none"> <li>• Veteran transportation</li> <li>• Veteran lodging</li> <li>• Patient travel</li> <li>• Employee meals &amp; incidentals while in travel status (infrequent travelers w/o IBA card)</li> </ul>	<ul style="list-style-type: none"> <li>• Fuel / Maintenance / Repair/ Parts for over-the-road VA-owned or commercially leased vehicles (not GSA vehicles)</li> <li>• Lettering of VA-owned vehicles (not GSA vehicles)</li> </ul>
Charge Card Oversight & Travel Policy Service (CCO&TPS)		